

INITIAL CLAIM FORM

Vermont Department of Labor
P.O. Box 189
Montpelier, VT 05601-0189

Instructions for completing an Initial Claim Form for STC Benefits: To be eligible for Short-Time Compensation unemployment benefits, you must be eligible for benefits under Vermont's regular unemployment program. Your eligibility cannot properly be determined until you have correctly answered all of the questions on this form and submitted for review and determination by this department.

Give the completed form to your employer for mailing to the STC Unit in the Montpelier office of the Vermont Department of Labor.

COMPLETE ALL ITEMS SURROUNDED BY THE DARK BORDER ON BOTH PAGES

1. SOCIAL SECURITY NUMBER		2. NAME (LAST, FIRST, MIDDLE INITIAL)																																													
3. MAILING ADDRESS, P.O. BOX, ETC.			4. CITY	5. STATE	6. ZIP CODE																																										
7. TELEPHONE NUMBER ()	8. BIRTH DATE	9. SEX <input type="checkbox"/> M <input type="checkbox"/> F	10. U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO*																																												
11. TYPES OF EMPLOYMENT IN LAST 18 MONTHS: OUT OF STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO FEDERAL OR MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			* IF NO, PERMIT NO. _____ <i>Attach a copy (front & back) of your Alien Registration or Work Authorization Permit.</i>																																												
12. ARE YOU OR WILL YOU BE RECEIVING ANY OF THE FOLLOWING TYPES OF MONEY? <table border="0"><thead><tr><th>NO</th><th>YES*</th><th></th><th># OF HOURS</th><th>HOURLY RATE</th><th>GROSS AMOUNT</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>WAGES IN LIEU OF NOTICE</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>SEVERANCE PAY</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>VACATION PAY</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>PENSIONS (NOT SOCIAL SECURITY) (State Monthly Amount Received)</td><td></td><td></td><td>_____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>WORKERS' COMPENSATION (State Weekly Amount Received)</td><td></td><td></td><td>_____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>OTHER STATE UI BENEFITS (State Weekly Amount Received)</td><td></td><td></td><td>_____</td></tr></tbody></table>						NO	YES*		# OF HOURS	HOURLY RATE	GROSS AMOUNT	<input type="checkbox"/>	<input type="checkbox"/>	WAGES IN LIEU OF NOTICE	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	SEVERANCE PAY	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	VACATION PAY	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	PENSIONS (NOT SOCIAL SECURITY) (State Monthly Amount Received)			_____	<input type="checkbox"/>	<input type="checkbox"/>	WORKERS' COMPENSATION (State Weekly Amount Received)			_____	<input type="checkbox"/>	<input type="checkbox"/>	OTHER STATE UI BENEFITS (State Weekly Amount Received)			_____
NO	YES*		# OF HOURS	HOURLY RATE	GROSS AMOUNT																																										
<input type="checkbox"/>	<input type="checkbox"/>	WAGES IN LIEU OF NOTICE	_____	_____	_____																																										
<input type="checkbox"/>	<input type="checkbox"/>	SEVERANCE PAY	_____	_____	_____																																										
<input type="checkbox"/>	<input type="checkbox"/>	VACATION PAY	_____	_____	_____																																										
<input type="checkbox"/>	<input type="checkbox"/>	PENSIONS (NOT SOCIAL SECURITY) (State Monthly Amount Received)			_____																																										
<input type="checkbox"/>	<input type="checkbox"/>	WORKERS' COMPENSATION (State Weekly Amount Received)			_____																																										
<input type="checkbox"/>	<input type="checkbox"/>	OTHER STATE UI BENEFITS (State Weekly Amount Received)			_____																																										
13. HAVE YOU FILED FOR UNEMPLOYMENT IN ANOTHER STATE DURING THE PAST 18 MONTHS? IF YES, WHAT STATE _____			YES <input type="checkbox"/>	NO <input type="checkbox"/>																																											
14. ARE YOU OR WERE YOU A CORPORATE OFFICER, OR PARTNER/ MEMBER OF A LIMITED LIABILITY COMPANY DURING THE PAST 18 MONTHS?			<input type="checkbox"/>	<input type="checkbox"/>																																											
15. ARE YOU RELATED TO THE OWNER(S) OR WERE YOU THE OWNER OR PARTNER OF THE BUSINESS FOR WHICH YOU WORKED DURING THE PAST 18 MONTHS?			<input type="checkbox"/>	<input type="checkbox"/>																																											
16. DO YOU WISH TO HAVE FEDERAL AND STATE TAXES WITHHELD FROM YOUR UNEMPLOYMENT BENEFITS?			<input type="checkbox"/>	<input type="checkbox"/>																																											
I ATTEST, UNDER PENALTY OF PERJURY, THAT ALL INFORMATION PROVIDED HEREIN, IS TRUE. I HEREBY CLAIM BENEFITS AND I UNDERSTAND THAT, ONCE FILED, THIS CLAIM CANNOT BE WITHDRAWN.																																															
CLAIMANT SIGNATURE _____			DATE _____																																												

EMPLOYMENT HISTORY DURING THE PAST 18 MONTHS (*must be completed*)

1. CURRENT STC EMPLOYER NAME _____	Date Started Work: _____
2. EMPLOYER NAME: _____ STREET: _____ CITY/STATE/ZIP: _____ Reason for Leaving: <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed	EMPLOYMENT DATES FROM: _____ TO: _____
3. EMPLOYER NAME: _____ STREET: _____ CITY/STATE/ZIP: _____ Reason for Leaving: <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed	FROM: _____ TO: _____
4. EMPLOYER NAME: _____ STREET: _____ CITY/STATE/ZIP: _____ Reason for Leaving: <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed	FROM: _____ TO: _____
5. EMPLOYER NAME: _____ STREET: _____ CITY/STATE/ZIP: _____ Reason for Leaving: <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed	FROM: _____ TO: _____
6. EMPLOYER NAME: _____ STREET: _____ CITY/STATE/ZIP: _____ Reason for Leaving: <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed	FROM: _____ TO: _____
7. EMPLOYER NAME: _____ STREET: _____ CITY/STATE/ZIP: _____ Reason for Leaving: <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed	FROM: _____ TO: _____
8. EMPLOYER NAME: _____ STREET: _____ CITY/STATE/ZIP: _____ Reason for Leaving: <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed	FROM: _____ TO: _____
9. EMPLOYER NAME: _____ STREET: _____ CITY/STATE/ZIP: _____ Reason for Leaving: <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed	FROM: _____ TO: _____